## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/472958					( A !I .I . A			_
		(			ັນ(	est Avo	ailable Co	
		Total Fee	Calcula	tion				
	Fee Code	Total # Claims	Number Extra	<u>X</u>	Fee	Fee	= Total	
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	- 201/101	_					= 160	
Total Claims >20	203/103	-20 =		X			=	
Independent Claims >3	202/102	.3 =		х			=	
Mult. Dep Claim Present	204/104		•			<del></del>	=	
Surcharge	205/105 .	•			<del></del>	<del></del>	= 130/1.5	
English Translation	139				×			
TOTAL FEE CALCULA	ATION						<u>890</u> ,	
Fees due upon filing t	the application:							
Total Filing Fees Due	:= \$	890						
Less Filing Fees Subn	niπed - \$	<b>⊘</b>		<del></del>	Best	Avail	able Copy	/
BALANCE DUE	= \$	890						
Sm C Office of Initial Paten	t Examination	<u> </u>						
		Fig	gure 7					

FORM OIPE-RAM-01 (Rev. 12/97)